MD Referral Form

OcalaEye®

Shannon Raines, COA, Referral Coordinator
Direct line: (352) 622-1728
Main Line: (352) 622-5183
Referral Fax: (352) 622-7552
Retina Referrals, Please Fax Here: (352) 291-5215

Referred from Dr. _____
Office contact: _____
Office phone: _____
Office fax: _____

Patient Preferred Ocala Eye Office:

- ☐ Magnolia - 1500 SE Magnolia Ext. Suite 106
- ☐ 200 West - 8520 SW State Road 200
- ☐ The Villages - 1950 Laurel Manor Dr. #250
- ☐ Paddock Park - 3130 SW 32nd Avenue
- ☐ Retina Consultants - 3130 SW 32nd Avenue

Refer Patient To:

- ☐ Mark A. Jank, M.D. *Cataract, Laser & Refractive Surgery / Anterior Segment Disease*
- ☐ John S. Deaton, D.O. *Cataract & Laser Surgery / Anterior Segment Disease*
- ☐ Michael Morris, M.D. *Glaucoma & Cataract Surgery / Anterior Segment Disease*
- ☐ Chander N. Samy, M.D. *Retina & Vitreous Surgery*
- ☐ Peter J. Polack, M.D. *Cornea, Cataract & Refractive Surgery / Anterior Segment Disease*
- ☐ Jodie A. Armstrong, M.D. *Cataract & Laser Surgery / Anterior Segment Disease*
- ☐ Mohammed K. ElMallah, M.D *Cataract & Glaucoma Surgery / Anterior Segment Disease*
- ☐ Hina N. Ahmed, M.D. *Cataract & Laser Surgery / Anterior Segment Disease*
- ☐ Robert J. Kraut, M.D. *Retina & Vitreous Surgery*
- ☐ Vishwanath Srinagesh, M.D. *Cataract & Laser Surgery / Comprehensive Ophthalmology*
- ☐ Hussain Elhalis, M.D. *Cornea / External Disease / Cataract & Refractive Surgery*
- ☐ Charles F. Paglia, O.D. *Optometry / Contact Lenses*
- ☐ Kathryn Mar Jip Pomakis, O.D. *Optometry / Contact Lenses*

Patient Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone #: _____

Reason for referral:

- ☐ Cataract
- ☐ Diabetes
- ☐ Glaucoma
- ☐ Dry Eyes
- ☐ Retina Disease
- ☐ Macular Degeneration
- ☐ Eyelid Lesion / Abnormality
- ☐ LASIK / Refractive Surgery
- ☐ Blurred Vision
- ☐ Infection
- ☐ High Risk Med (Plaquenil / Prednisone)
- ☐ Other _____

Notes:

How soon would you like the patient to be scheduled with Ocala Eye? _____

Referring Doctor Signature: _____ **Date:** _____